

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 9

2. STATE:

Ohio

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID) TITLE XIXTO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431, Subpart M

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ - 0 -  
b. FFY 2001 \$ - 0 -

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16D, pages 1 through 17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.16D, pages 1 through 16

10. SUBJECT OF AMENDMENT: This amendment contains the interagency agreement between the Ohio  
Department of Jobs and Family Services and the Ohio Department of Health for the Survey  
and Certification of Long Term Care Facilities, Enforcement, and Resident Assessment  
Data Collection. This agreement is effective July 1, 2000 through June 30, 2001.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:The Governor's office has delegated  
review to the Director of ODJFS

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jacqueline Romer-sensky

14. TITLE:

Director

15. DATE SUBMITTED:

June 14, 2000

16. RETURN TO:

Becky Jackson  
Bureau of Health Plan Policy  
Ohio Department of Job and Family Services  
30 East Broad Street, 27th Floor  
Columbus, Ohio 43266-0423**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

6/20/00

18. DATE APPROVED:

10/30/00

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Insurance Oversight

23. REMARKS:

**RECEIVED**

JUN 20 2000

DMIO - IL/IN/OH

**INTERAGENCY AGREEMENT  
BETWEEN  
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
AND  
THE OHIO DEPARTMENT OF HEALTH**

**A-01-07-001**

**I.  
PURPOSE**

This agreement is entered into by the Ohio Department of Job and Family Services (hereinafter "ODJFS") and The Ohio Department of Health(hereinafter "ODH") for the purpose of defining the responsibilities of the two parties as they relate to administration of the Ohio Medical Assistance program (hereinafter the Medicaid program), Health's survey and certification of long-term care facilities, enforcement actions against long-term care facilities with deficiencies, and activities regarding resident assessment data collection and use.

**II.  
AUTHORITY**

This agreement is written in accordance with and pursuant to :

- Sections 1902(a)(5), 1902(a)(9), 1919(a)(33) and 1902(h)(2) of the Social Security Act;
- 42 CFR, part 431, subpart A and M;
- 42 CFR part 442, subpart A:5111.01 ORC; and
- 3721.022, 5111.37 and 5111.38 ORC.

**III.  
RESPONSIBILITIES OF THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**

**A. General**

In accordance with Section 1902(a)(5) of the Social Security Act, as amended, 42 CFR 431.610, and the Ohio State Plan for Medical Assistance, and pursuant to Section 5111.01 of the Revised Code, ODJFS is designated as the single state agency responsible for supervising the administration of the Medicaid program under Title XIX of the Social Security act.

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**B. Survey, Certification and Complaints**

ODJFS shall perform the following duties relating to the certification process for long-term care facilities:

1. Accept and refer to ODH applications submitted by long-term care facilities requesting certification and participation in the Medicaid program.
2. Receive, review, and process all certification and transmittal forms submitted by ODH to ensure the timely certification and recertification of long-term care facilities.
3. Issue provider agreements in accordance with the certification of compliance set forth by ODH (or if a Medicare-participating facility, the U.S. Department of Health and Human Services, hereinafter referred to as DHHS.) This shall not be construed to prevent ODJFS from refusing to execute a provider agreement, or from canceling an agreement with a certified facility, if it has determined that such an agreement would not be in the best interests of the recipients or of the State, in accordance with the Ohio Revised Code and Administrative Code, or the facility has failed to meet the civil rights requirements set forth in 42 CFR Part 488.8 and 45 CFR Parts 80, 84 and 90, or other pertinent statutes or regulations.
4. Notify ODH, in a timely fashion, of all issuances, assignments, amendments, expirations, termination, and denials of provider agreements.
5. Receive, process and refer to ODH any complaints regarding alleged violations of certification standards, including, but not limited to, hazards to the health and safety of residents in long-term care facilities participating in the Medicaid program.
6. Receive, process, and investigate or refer to ODH for investigation, complaints alleging violation of a civil rights requirements by a long-term care facility.
7. Accept and evaluate recommendations from ODH following ODH's investigation of a long-term care facility's alleged violation of civil rights.
8. Certify state funds available and submit to Health Care Financing Agency (HCFA), with a copy to ODH, quarterly estimates of expenditures by the forty-fifth (45<sup>th</sup>) day before the beginning of the quarter covered by the report. ODJFS shall also submit to HCFA, Quarterly Expenditure Reports by the thirtieth (30<sup>th</sup>) day following the end of the quarter.
9. Notify ODH when ODJFS identifies any discrepancies in a facility's number of certified beds.
10. Notify ODH when ODJFS received an initial notice from a facility about a change in the legal entity operating the facility, including sales, leases, corporate mergers, partnership changes, and stock exchanges.

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C. Enforcement

ODJFS shall perform the following duties relating to the enforcement process for long-term care facilities:

1. ODJFS will develop any rules or procedures necessary for the functions listed in Section III (C) (2) to Section III (C) (10) of this agreement in coordination with ODH.
2. ODJFS will establish, maintain, and administer the Residents Protection Fund created by Section 5111.62 of the Revised Code. ODJFS, in coordination with ODH and the Ohio Department of Aging (ODA), will develop rules for maintenance and administration of the Fund and will adopt those rules in accordance with Chapter 119 or Chapter 111 of the Revised Code.
3. ODJFS will collect fines and interest imposed by ODH in accordance with applicable federal and state law and regulation.
4. ODJFS will withhold Medicaid payments for Medicaid-eligible residents of nursing facilities when ODH has issued an order denying payment in accordance with applicable federal and state law and regulation.
5. ODJFS will determine whether Medicaid provider agreements may be issued to nursing facilities under reimbursement-related statutes and rules of the Administrative Code.
6. ODJFS will issue, deny, and terminate provider agreements to nursing facilities in accordance with ODH's decisions regarding the facilities' certification under applicable federal and state law and regulations, guidelines, and procedures, subject to the facilities' compliance with the reimbursement-related requirements referenced in Section III (C) (5) of this agreement. ODJFS will not provide facilities with adjudication hearings when ODH terminates their Medicaid participation.
7. ODJFS will make available or deny reimbursement to nursing facilities during appeals of ODH enforcement actions in accordance with applicable state and federal law and regulation.
8. ODJFS will decide reimbursement issues arising from operation of nursing facilities by temporary managers and special masters.
9. ODJFS will arrange for transfer of residents of nursing facilities when they are closed or their Medicaid participation is terminated under applicable federal and state law and regulation.
10. ODJFS will monitor and oversee ODH's operation of enforcement by:
  - a. Reviewing the monthly report on enforcement action taken required by Section IV(E)(15) of this agreement. ODH shall submit this report to ODJFS upon commencement of enforcement activity.

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- b. Reviewing compliance with the terms of this agreement, including hiring and training of staff to perform enforcement-related functions, submission to ODJFS of specified reports, and completion of documentation that allows ODJFS to issue provider agreements as required by applicable state and federal law and regulation.
- c. Reviewing ODH's budgets and expenditures related to enforcement activities, insofar as federal funding of this function is concerned.

D. Reimbursement

In consideration of the services rendered in accordance with a currently effective interagency agreement, ODJFS shall reimburse ODH, upon proper invoicing and preparation of Intrastate Transfer Vouchers (ISTV), the Federal share of the actual allowable under applicable federal regulations and guidelines associated with the performance of ODH's duties and responsibilities.

This amount shall not exceed the level of federal financial participation available for the execution of this agreement of \$11,900,000.00 (eleven million, nine hundred thousand dollars); such reimbursement may not exceed the amount of the federal survey and certification grant for the portions of federal fiscal years 2000 and 2001 which comprise state fiscal year 2001. ODH shall submit the ISTV's to ODJFS's Office of Fiscal Services, 30 East Broad Street, 30<sup>th</sup> floor, Columbus, Ohio 43266-0423.

E. Notification of Changes to Ohio Administrative Code

ODJFS shall notify ODH of rule changes related to this agreement not later than 10 (ten) days before initial filing of said rules with the Joint Committee on Agency Rule Review.

**IV.  
RESPONSIBILITIES OF THE OHIO DEPARTMENT OF HEALTH**

A. General

- 1. In accordance with Sections 1902(a)(9) and (33) of the Social Security Act, 42 CFR 431.610, Section 3721.022 of the Revised Code, and the Ohio State Plan for Medical Assistance, ODH is designated as the state health standard setting authority and state health survey agency responsible for certifying and determining compliance of long-term care facilities with the requirements for participation in the Medicaid program.
- 2. As the designated survey agency, ODH shall perform the following duties specifically related to the survey and certification of skilled nursing facilities (SNFs), or nursing facilities (NFs), and intermediate care facilities for the mentally retarded/developmentally disabled (ICF-MR).
- 3. In accordance with 42 CFR Part 488, Subparts A, E, and F and 42 CFR Part 431, Subpart M, conduct on-site surveys as frequently as required by Medicaid statutes and regulations to determine compliance.

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4. ODH shall notify ODJFS of rules changes related to this agreement no later than 10 (ten) days prior to submission of said rules to the Public Health Council or filing of the rules with the Joint Committee on Agency Rule Review.
5. ODH shall submit to ODJFS quarterly estimates of expenditures at least 55 (fifty-five) days before the beginning of the quarter covered by the report. The above shall be submitted in accordance with federal and state guidelines unless otherwise specified in writing.
6. ODH shall make available upon request any additional accounts, records, or other information as required by ODJFS, DHHS, the U.S. Accounting Office, the Auditor of State, or their agents, to substantiate any estimate, expenditures, or report as necessary for auditing purposes to verify the allowability of expenditures under this agreement.
7. The ODH Quarterly Expenditure Reports must be submitted to ODJFS, Bureau of Accounting, within 25 (twenty five) days following the end of each calendar quarter.

B. Survey and Certification

1. ODH shall document findings regarding a facility's non-compliance with any Medicaid certification requirement, including a listing of deficiencies and findings as specified in 42 CFR 431, Subpart M.
2. ODH shall notify ODJFS, in writing, of certification determinations for new and existing facilities and of any changes in the status of certification for existing facilities.
3. Upon determining the facility's compliance or non-compliance with Medicaid participation requirements, ODH shall certify to ODJFS the facility's compliance status and take necessary action in accordance with 42 CFR Parts 431, 442, and 488 and applicable state law and rule.
4. ODH shall submit to ODJFS's Bureau of Long Term Care Facilities (BLTCF) by the 15<sup>th</sup> (fifteenth) day of each month, certification status and reconciliation reports for ODH's preceding month, which shall include:
  - a. Long Term Care Adverse Actions
  - b. Certification Activity Summary
  - c. Summary of Certifications Due with Federal Financial Participation (FFP) At Risk, including Facility's Name and Number
  - d. Licensure Activity including:
    - i. Applications Received (Name of Facility)
    - ii. Enforcement Actions (Name of Facility)
    - iii. Closed Homes (Name of Facility)

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e. Changes in the legal entity operating the facility, including initial notices of sales, leases, mergers, partnership changes, and stock exchanges.

5. ODH shall provide ODJFS with 1 (one) copy of the statement of deficiencies and plan of correction for each facility and any letters to a long-term care facility regarding adverse administrative action.

6. ODH shall take action to ensure that appropriate survey staff attend required hearings.

E. Complaints

1. ODH shall receive and investigate complaints alleging a long-term care facility's non-compliance with Medicaid participation requirements, jeopardy to the health and safety of any long-term care facility residents, or a facility's failure to meet a civil rights requirement.

2. ODH shall provide to ODJFS the HCFA Form 562, which identifies each complaint filed, and provides the name of the Medicaid long-term care facility, the type of complaint, and the time frame for completing the complaint investigation.

3. ODH shall comply with the time frames and requirements set forth in the State Operations Manual pertaining to the investigation of complaints.

4. ODH shall submit to ODJFS completed copies of all complaint reports concerning Title XIX providers reported to HCFA on Forms 562 at least monthly.

D. Appeals

ODH shall conduct an appeal process in accordance with applicable state law and rule, 42 CFR 431, Subpart D, and the State Operations Manual for facilities who certification has been denied, terminated, or not renewed or in which other remedies have been imposed.

E. Enforcement

ODH shall perform the duties listed in this Section relating to the enforcement process for nursing facilities. To the extent that such a delegation is required or permitted by law, ODJFS hereby specifically delegates to ODH the authority to perform these duties.

A. ODH, pursuant to applicable state law and federal regulations, guidelines, and procedures, and Sections IV (A) through (D) of this agreement, will operate the Medicaid survey and certification process for NFs. ODH will adopt any rules and/or procedures necessary for this function. ODH's survey and certification responsibilities will include, but are not limited to the following:

a. Determination of deficiencies.

b. Exit interviews.

c. Required notifications following surveys.

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- d. Preparation of statements of deficiencies.
  - e. Informal review of deficiency citations.
  - f. Follow-up surveys when necessary under applicable state law and federal regulations, guidelines, and procedures.
  - g. Complaint investigations under applicable state law and federal regulations, guidelines, and procedures.
2. ODH, in accordance with applicable state law and federal law and regulation, will determine which remedies to impose against NFs with deficiencies.
  3. ODJFS, in accordance with applicable state and federal law and regulations, will impose remedies against nursing facilities with deficiencies, including the following:
    - a. Termination of Medicaid participation. ODH shall take this action by terminating certification.
    - b. Appointment of temporary managers.
    - c. Application to the Court of Common Pleas for injunctions and appointment of special masters.
    - d. Issuance and termination of orders denying Medicaid payments for all Medicaid-eligible residents. ODH will immediately notify ODHS of the issuance of such orders.
    - e. Imposition of fines (civil money penalties) and determination of the duration and amount of fines.
  4. ODH will approve or disapprove plans of correction submitted by facilities, in accordance with applicable state and federal laws and regulations, guidelines, and procedures.
  5. In accordance with applicable state and federal law and regulation, ODH may permit a nursing facility to continue to participate in the Medicaid program for up to six (6) months after the exit interview.
  6. ODH will issue notice to NFs of remedies being impose, in accordance with applicable state and federal laws and regulations.
  7. ODH will provide notice to ODJFS of survey results, certification decisions, remedies that have been imposed on nursing facilities, and emergency action, in accordance with applicable requirements.
  8. ODH will appoint monitors for nursing facilities in accordance with applicable state and federal laws and regulations.

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9. ODH will conduct administrative appeal proceedings in accordance with applicable state and federal laws and regulations when imposition of remedies occurs prior to or during the pendency of the adjudication hearing.
10. ODH will conduct administrative appeal proceedings in accordance with applicable state and federal laws and regulations when imposition of a remedy will not occur until after the completion of an adjudication hearing.
11. In the case of an emergency as defined in Section 5111.35 of the Revised Code, ODH will take all appropriate actions in accordance with applicable state and federal laws and regulations.
12. ODH will appoint a temporary manager or petition to the Court of Common Pleas for appointment of a special master when necessary during closure of a NF or after termination of its Medicaid participation, in accordance with applicable state and federal laws and regulations.
13. ODH will issue orders denying Medicaid payments to NFs, in accordance with applicable state and federal laws and regulations, when the facilities fail to correct deficiencies in accordance with their plans of correction within three (3) months after the exit interview or when they are cited for substandard quality of care on three consecutive standard surveys. ODH will immediately notify ODJFS of the issuance of such orders.
14. ODH will impose remedies on nursing facilities for purposes of the Medicare program to the extent authorized by federal regulations, guidelines, and procedures.
15. ODH will provide ODJFS, by the 15<sup>th</sup> (fifteen) day of each month, a report of all enforcement action initiated, pending, and completed against NFs during the previous month. This report will include, as a minimum, the following information: Facility name and location; nature of enforcement action taken; status of action; scheduled hearing dates; hearing status; and other relevant information agreed upon by ODH and ODJFS.

F. Records

ODH shall maintain on file all information and reports used in determining each facility's compliance with federal and state standards for a minimum of five (5) years, and shall make such information readily accessible to ODJFS, DHHS, the U.S. Government Accounting Office, the Auditor of State, and their respective agents. If a compliance review is in progress, or if compliance findings have not been resolved, the records required above shall be retained until final resolution.

G. Delegation of Responsibilities

The certification authority assigned to ODH under this agreement shall not be delegated by ODH to any other governmental or private entity. However, ODH may subcontract for and utilize the services, facilities, and records of any state or local government, or any other governmental or private contractor to assist in performing its duties and responsibilities.

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Any subcontracts entered into by ODH shall be written in accordance with this agreement, and no subcontract provision shall supersede any statements herein. ODH shall submit to ODJFS a copy of any subcontract which delegates any ODH's survey and certification responsibilities for Medicaid NFs.

1. ODH, upon request, will provide ODJFS with an update of the total number of individuals on the nurse aide registry. ODJFS shall be provided an opportunity to review and provide feedback on all proposed contracts, including revisions and addendums, with the testing service chosen by ODH to provide state-administered testing of NF nurse aides.

ODH shall notify ODJFS, BLTCF of any state or federal change or new development in NF nurse aide training and/or testing which might affect Medicaid reimbursement policy and/or procedure.

ODH shall provide ODJFS, BLTCF with current listings of all state-approved NF nurse aide training and competency evaluation (TCE) and train-the-trainer (TTT) programs. ODH shall also notify ODJFS of all TCE and TTT programs for which state approve is revoked.

2. ODH is designated as the official contact for the Minimum Data Set (MDS). ODJFS and ODH shall participate jointly in the MDS Automation Project. ODH or ODJFS shall notify the other of any state or federal change in the MDS requirements which might affect the State's Plan for implementing the MDS.

## V.

### RESIDENT ASSESSMENT INSTRUMENT

42 CFR Section 483.20 requires that NFs conduct comprehensive resident assessments consistent with the requirements for each state's specified resident assessment instrument (RAI) and perform quarterly reviews to assure the continued accuracy of the assessments. Ohio has selected the Minimum Date Set (MDS 2.0) as the state-specified RAI and quarterly review document. The Ohio Medicaid NF payment system uses the MDS 2.0 to establish case mix levels of facilities and determine direct care rates.

ODJFS and ODH will cooperate in the joint development and implementation of any future changes of the state-specified RAI or quarterly review document, and in the joint development and maintenance of MDS training programs, manuals and other educational materials.

#### D. ODH Responsibilities:

1. ODH shall report to ODJFS for all nursing facilities surveyed,
  - a. Assessment-related survey findings, and
  - b. Consolidated resident-specific findings based on the survey sample that was selected in accordance with Health Care Financing Administration (HCFA) Guidelines and findings from surveyors' quality of care assessment.

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The formats of the survey findings and the resident-specific reports shall be designed by ODH in consultation with ODJFS. Additional sampling methodology may be used if mutually agreed upon by ODH and ODJFS. Copies of the findings reports shall be sent to ODJFS monthly.

2. ODH shall report ICF-M survey findings to ODJFS if such facilities are out of compliance with the federal conditions of participation concerning active treatment (42 CFR 483.440).
3. ODH shall cooperate in the provision of training of NF and SNF/NF providers on the RAI and use of the facility certification and Medicaid case mix payment system. Training may be provided by state employees or entities with whom ODJFS and/or ODH has contracted. ODH shall select and supervise content of training sessions related to certification of facilities, including use of resident assessment protocols and triggers, and development of care plans, and select and/or approve presenters.
4. ODJFS and ODH shall cooperate in the joint development and maintenance of an Ohio version of a MDS training manual, if needed to promote accurate and consistent assessment practices in Ohio. Release of the Ohio MDS training manual is contingent upon approval by both departments.
5. ODH, in consultation with ODJFS, shall coordinate and shall develop a Quality Indicators (QI) data analysis and reporting system that utilizes Minimum Data Set information. ODH shall have sole responsibility for the development and publication of quality indicator reports based on the MDS data and produced by this system. All QI data and reporting developed from this system will be made available to ODJFS. ODJFS and ODH shall share information and consult with each other regarding the development of reports, other than the Quality Indicator reports, on an ongoing basis. ODH and ODJFS shall jointly develop reports, other than the Quality Indicator reports, as necessary to ensure consistency, reliability, and the efficient use of resources.

ODH shall prepare and electronically transmit or mail QI reports to all Medicaid providers on a quarterly basis at no charge to the provider. ODH shall provide ODJFS with all data sent to providers in a mutually-acceptable electronic format within ten (10) business days of distribution of Quality Indicator reports to the providers.

6. ODH, in consultation with ODJFS, shall develop systems to conduct inter-rater reliability studies. Inter-rater reliability protocols, sampling methodology and review frequency must be acceptable and approved by both ODJFS and ODH.
7. ODH shall provide ODJFS documentation on ODH cost allocation between the Medicaid and Medicare Programs as is necessary for ODJFS to meet its duties and obligations. ODH shall cooperate with ODJFS to identify the documentation that is required.

E. ODJFS Responsibilities:

1. ODJFS shall provide ongoing training of health care facility surveyors on the procedures for data collection, completing and reporting findings of the RAI to the Medicaid payment system.

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2. ODJFS shall notify ODH of any facilities required to refund overpayments for direct care which were discovered through the ODJFS exception review process in a form designed or designated by ODH that facilitates citing deficiencies. The format of such notice shall be approved by ODJFS.
3. ODJFS shall cooperate in the provision of training of NF and SNF/NF providers on the RAI and its use in the facility certification and Medicaid case mix payment system. Training may be provided by state employees or entities with whom ODJFS and/or ODH has contracted. ODJFS shall select and supervise content and training sessions related to the case-mix payment system, and select and/or approve presenters.
4. ODJFS and ODH shall cooperate in the joint development and maintenance of an Ohio version of a MDS training manual if needed to promote accurate and consistent assessment practices in Ohio. Release of the Ohio MDS training manual is contingent upon approval by both departments.
5. ODJFS reserves the right to develop systems and procedures needed to monitor and verify MDS data used in setting Title XIX nursing facility direct care rates and in revising Title XIX payment policies and procedures.

F. MDS 2.0 Data System

1. ODH shall have overall responsibility for fulfilling federal requirements for the operation of the MDS 2.0 data system. ODH shall administer the data collection process and provide technical assistance to all providers so that providers will be able to submit accurate data in a timely manner.
  - a. ODH shall maintain an MDS 2.0 Help Desk to respond to facility and software vendor questions related to MDS 2.0 coding and transmission. The Help Desk staff shall have the expertise needed to provide same day response to questions related to dial-in requirements, including Netscape transmission procedures. ODH will notify ODJFS within 72 (seventy two) hours of any new MDS 2.0 coding instructions, interpretations and/or clarifications given to nursing facility staff either in writing or through the Help Desk. ODH shall consult with ODJFS on MDS 2.0 questions related to items used in the Medicaid payment system prior to issuing new or revised instructions, interpretations and/or clarification.
  - b. ODH shall maintain a Vendor Hot Line to respond to software vendor questions related to the HCFA MDS 2.0 systems specifications and record layout required, and/or recommended edits, testing procedures, etc. Hot Line staff shall have the expertise necessary to assist programmers and system analysts in designing/coding software applications for facility use, and shall provide same or next day response to all vendor inquiries.
  - c. ODH shall, in coordination with ODJFS, maintain and administer a process for correcting key MDS fields identified by HCFA. ODH shall approve edits within thirty (30) days of receipt.

~~ODH shall approve edits within~~  
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2. ODH shall maintain the MDS 2.0 data system. For any MDS diskettes collected, ODH shall maintain these original source documents. ODH and ODJFS shall jointly establish the maintenance schedule for the aforementioned diskettes to ensure compliance with all applicable state and federal requirements.
3. ODH shall ensure ODJFS read only access to the data base including the Data Management System on a twenty-four (24) hour per day/seven (7) day per week basis. Full access includes the ability to view, query, browse, print and copy/transfer MDS data to ODJFS data bases using established data transfer methods including automatic data replication techniques. ODH and ODJFS shall mutually agree on a schedule for maintenance down time. Except in an emergency, ODH shall notify ODJFS of any changes to the agreed upon schedule two (2) weeks prior to the effective time of the change. Within seven (7) days of receipt of such notice ODJFS shall notify ODH if the change would interfere with the ability of ODJFS to carry out its duties and responsibilities. ODH shall notify ODJFS of emergency unscheduled down time of the data system and provide additional notification if the down time is expected to exceed four (4) hours.
4. ODH shall administer the system, and be fully responsible for system administration, security, and maintenance of the hardware and software. ODH will provide ODJFS with:
  - a. two-day turnaround for requests for new/changed user IDs for ODJFS staff.
  - b. a mechanism to timely add, delete or modify Medicaid provider numbers.
  - c. notification of system enhancements/upgrades. ODH shall notify ODJFS within 72 (seventy two) hours of receipt of notification of any system changes, upgrades, or enhancements, and shall share all system documentation with ODJFS. Implementation of system changes shall be coordinated with ODJFS to ensure the accurate transfer of data to ODJFS for Medicaid payment purposes.
5. ODH and ODJFS shall have the ability to use the MDS 2.0 client-server system to communicate with facilities for the purposes of data collection and analysis, and to use the system as a mechanism to deliver reports to providers including RUG III case mix payment and QI reports. ODH shall either establish direct access for ODJFS to post notices/reports and download files or provide a mechanism to transfer such data for ODJFS. Should ODJFS elect to provide this data transfer service, all files shall be downloaded and all reports shall be posted within 72(seventy two) hours of receipt by ODH.

## VI. MONTHLY MEETINGS

ODH's Division of Quality Assurance and ODJFS's Bureau of Long Term Care Facilities shall meet monthly or as otherwise agreed to, to discuss issues related to ODH's and ODJFS's responsibilities as set forth in this agreement.

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